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THE COMMITTEE OF FIFTY  
NOVEMBER, 1912



# How the Uncared-for Epileptic Fares in Illinois

Colony Care the Remedy  

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A Plea for Immediate Legislative Action  

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How You Can Help

THE COMMITTEE OF FIFTY

1912

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## PREFATORY NOTE.

This pamphlet calls your attention to a situation which urgently needs your help. Ten thousand of our fellow-citizens in the State of Illinois are afflicted with epilepsy. Many of them are suffering as the unhelped epileptic alone can suffer, and Illinois is fastening upon its future an incalculable burden because of the indifference which entirely ignores their needs and rights.

The call comes from every quarter of this rich and powerful state. Not a day goes by that does not bring the tragedy of this situation to the doctor, the judge of the Juvenile Court, the visiting nurse, social workers, to the clergyman, to the officers of institutions. Helpless and sick at heart, they are obliged to turn the unfortunates away without help or promise, or else, as happens with sickening frequency, start the machinery that will send boys and girls with bright minds to the school for feeble-minded, or to the insane asylum.

This is singularly unjust when science and philanthropy have demonstrated that epilepsy yields most gratifyingly to colony care; that this affliction makes the sufferers particularly sympathetic and helpful to each other, and, moreover, that colony life affords cure for some, radical improvement to others, and to all, opportunities for employment, recreation and association. It restores in some measure what is denied outside, where they are shunned and refused employment.

This army of ten thousand afflicted neighbors is composed of individual human units. While many do not need public care, hundreds of them have suffered experiences similar to those which follow. These stories are told in the hope that citizens and legislators of Illinois will not let another session of the legislature pass without creating a colony for epileptics.

Careful studies of the situation by those competent to judge, place the number that should be provided for at once at two thousand or twenty-five hundred.

# Units from an Army of Ten Thousand.

What Happens to Uncared-for Epileptics in Illinois.

A State-Wide Problem.

*Seventh Senatorial District.*

"Doctor I can't get work. No one will have me when they find out. My friends avoid me. I am less of a man than I was six months ago. I can feel myself going. This can't go on. I know that there is no place in Illinois for any one with epilepsy. But doctor, I've got to do something. For God's sake can't you help me? Can't I be arrested and sent to the bridge-well?"

The doctor, a citizen of the Seventh Senatorial District, saw the young fellow walk out of the door and into the street without a shadow of the promise of help which he hoped to get. The interview was one of those tragic human contacts, a great need revealing itself to a big heart and an able, sympathetic mind, but nevertheless as helpless as it was big and able. It left one man with a little less courage to hold himself from slipping, the other sick at heart to sit impotent in front of an appeal like that.

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"And then what can we do for the epileptic himself? We can give him occupation and something to strive for. We can give him associates and recreations. We can give him vastly better health, radically cure some of him, and eliminate the feeling that he is an outcast, something apart to be looked at askance."

(Dr. Hugh T. Patrick, *The Proper Treatment and Care of the Epileptic*. See Proceedings of the Eleventh Annual Meeting of the State Conference of Charities, Chicago, 1906; p. 54.)



## THE SIMPLE ANNALS OF A LITTLE CITIZEN.

### *Ninth Senatorial District.*

George was the youngest of a large family. He was an epileptic, but bright, and made good grades in the school, getting 95 in most of his studies. His seizures became more and more frequent. He had them in school. Conditions in the family were straitened, and it became necessary to take some action. The only thing that the State of Illinois could offer this little lad of nine was admission to the school for the feeble-minded. This made a jar even in Illinois, but it was the best that could be done. But the school was full, and George could not be admitted. What the State of Illinois then did to this lad of nine was to send him to an insane asylum and place him in a ward with fifty insane men.

After a time he was removed because the sight of the little boy with men of all ages and conditions of insanity shocked and horrified a citizen who saw him. The lad expressed a wish "to go where it was quiet." He was sent to the country where he improved, then returned home and led a devious existence, spending some time in the Bridewell, and adding to his first-hand knowledge of insanity a varied acquaintance with men old in crime.

Finally his case was mercifully solved. George died. To his last moment he could see and hear things that had been burned into his soul in his experiences among the insane and prisoners.

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"No fact in medical science is better established than that at least all youthful epileptics should be promptly transferred to a colony apart from the activities, excitements and temptations of town and city."

(Dr. W. A. Gordon, former Superintendent of Northern Hospital for the Insane, Winnebago, Wis. See Milwaukee Free Press, Dec. 9, 1904.)

## "FROM HIM THAT HATH NOT."

### *Twenty-eighth Senatorial District.*

As a child, G. was subject to sudden seizures. He ate his meals on the floor. His parents were poor, hard working people. In early childhood he was taunted and jeered at by children of the community who saw in his seizures something to provoke fun. As a youth he became a danger to his persecutors, for he resented their torments, and fear led them to desist. Women feared him, too. His family and friends, doctors and social workers, sought in vain to find some place where he might be cared for. He was not without ambition, and desired measurably at least to take his place in the world, but nobody would employ him.

One day he learned with joy that some promise of employment had been found. The town was to pay him fifty cents apiece for burying dead dogs.

He did all the work he could get as dog undertaker, but even this was finally denied, for in order to stimulate business he began to kill dogs.

Then there was nothing left. Finally, when his enforced idleness, lack of companionship, and general neglect, gave him distinctive criminal traits, Illinois enabled the people of his community to take some action. He was sent to an insane asylum. The people of his senatorial district were relieved, but not satisfied, for their sense of justice protested that the boy had not had a square deal.

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"Eight hundred consecutive unselected repeated offenders show seven and a half per cent known epileptics, others suspected. They are the most dangerous and incalculable criminals. Pleasant one day, vicious the next, committing heinous crimes; about twenty per cent of same group feeble minded, most of them high grade and readily overlooked in court procedure; after all, fairly good talkers."

DR. WM. HEALY,  
Juvenile Psychopathic Institute, Chicago.



"ILLINOIS HAS NO PLACE FOR HER UNTIL SHE  
COMMITS SOME OFFENSE OR  
BECOMES INSANE."

## SEEKING HELP AND LOSING A HOME.

*Forty-fifth Senatorial District.*

John M.'s mother is a widow. The son, now about twenty years of age, developed epilepsy after his father's death. The mother owned a little home. To secure treatment for John she worked at the wash tub and mortgaged her home.

Honorable practitioners told her they could not cure her boy. Then she turned to the glaring advertisements of the quacks and bromide venders. She read all of them, and was allured by their promises. She sent them all the money she could scrape together through mortgaging the home and the labor of her hands.

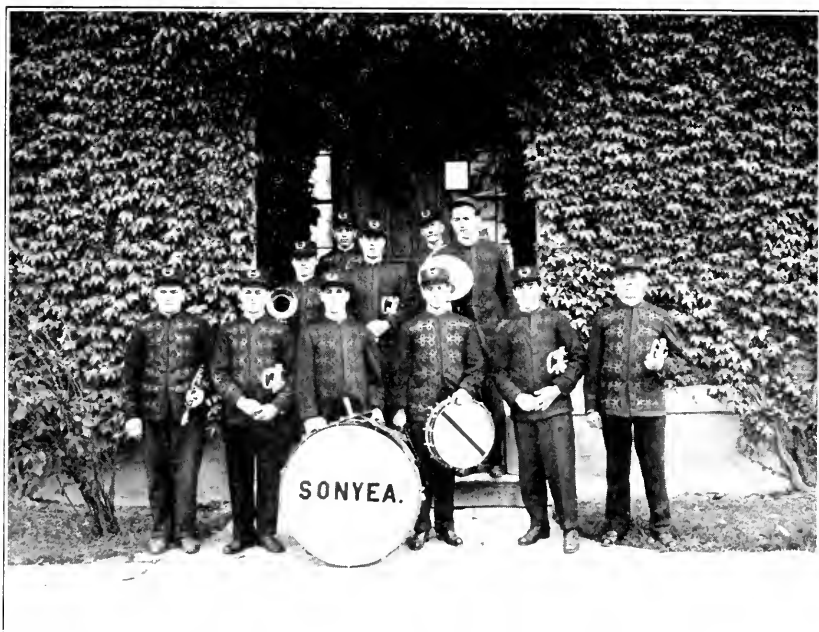
At last the home was gone, and her strength had failed. The boy was in a desperate condition. Every job he secured was soon lost. "I can work a while," he said to the State Charities Commission one day, "but as soon as I have a seizure I am discharged. I know now that they were giving me bromides and strong drugs that were only making me worse.

"I have to take more and more, and when I come out from under their effects, I am weaker and duller than ever. Can't you do something for me? Isn't there a state institution for me? My poor mother has worked herself to the edge of the grave and has lost her home, all for me, and I am no better."

Here was a clear, typical example of the wreck of property and body through the advertising quack.

This young man could work in the garden, but not on the farm where he would have to attend horses and other animals.

For such a case a state colony would be a blessing. Instead of having two upon its charge, as it will now have, this state could have saved the mother her dependency and afforded the boy a home in which he could have been comfortable and partly self-supporting.



All except the director are patients at Craig Colony, N. Y.



School room, Craig Colony, N. Y.

These photographs are reproduced through the courtesy of Dr. William T. Shanahan, Superintendent



## ELLEN'S BEQUEST.

*Twenty-eighth Senatorial District.*

Ellen's family was thoroughly impatient over the progress of her disease and unwilling even to tolerate her about the house. They had forced her out to service time after time. She would remain until she fell on a stove, or in a wash tub, or had some equally serious mishap, when she would be discharged. In her discouragement, the child sought out a hospital, offering to work in return for treatment and maintenance. She met rebuff again; then she applied to the Charities of her town.

The help of local physicians was enlisted, but little could be accomplished in the face of the family's indifference and opposition, and the resulting unhappiness of the girl. She was taken to Chicago for special treatment of her eyes, with only slight relief. She was taught carpet weaving, which it was hoped she could do at home, but the mother made her work in a small shed, and was as indifferent as before. Then, having canvassed the resources of the town, and the entire state for a fit place to send the girl, money was raised to send her for a short time to a private colony in another state.

When she returned she begged not to be sent home. Nothing else offered, however, and she was obliged to go back to her family. She became rapidly worse and the seizures more frequent and violent. Still again her friends took up her case. This time they induced a hospital to try the plan the girl herself devised.

She was very happy, and remained there until in a short time, in her twenty-third year, death mercifully relieved her of all anxiety about further wanderings.

She often talked with those about her of the hope, the one big desire of this young life, that Illinois, her state, should some day have a place where epileptics would really have a right to go.

## A SHUT-IN FROM CHILDHOOD.

*Forty-eighth Senatorial District.*

Emma has been epileptic since infancy, and has lived the life of a shut-in from childhood. Occasionally the monotony is broken and she gets a glimpse of the big outer world when an extremely necessary visit to a dentist, or doctor, who cannot come to her, takes her out.

The parents have devoted the best part of their lives trying to care for her. She sleeps on a mattress on the floor, and both father and mother are within call always, ready to watch with her through the attacks which are bound to occur, in greater or less frequency and violence, every night of her life.

The parents are growing old and feeble. The family physician is almost a daily visitor, and has had to tell the old couple what he is every day more sure of, that the daughter will out-live both of them. There are no near relatives. There is no place that they know of where she can go after their death. The doctor feels that this load of worry is actually hastening the death of this aged couple. Their one great wish is that the state in which they live might have some place that could suitably care for their afflicted child.

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"Needless to say that the epileptic, sane and insane, clogs the wheels of every institution in these states where no separate care has been provided, from the goal to the hospital for the insane, from the refuge to the orphan asylum. Poor houses and benevolent asylums are encumbered with wretched, misplaced, misused creatures. Of this state of things there can be but one opinion—that it is a disgrace to the community where it exists."

(Extract from an address by the late Dr. J. W. Y. Fishbourne of Melbourne, Australia.)

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This special institution, preferably a colony, can be so arranged as to properly cope with the peculiarities of the epileptic. Here a suitable occupation can be provided, such as his physical and mental condition will permit. He can be allowed recreation in many forms and thus feel better contented with his lot. He can attend religious services, an opportunity frequently denied him in the outside world.

DR. WILLIAM T. SHANAHAN,

Superintendent, Craig Colony, N. Y.

## WHAT ANSWER TO THIS MOTHER—ILLINOIS?

### *Fiftieth Senatorial District.*

One of the epileptics in the Fiftieth Senatorial District is a girl of 23. At the age of 8 she suffered an attack of scarlet fever. Till then she was as promising and normal as any little girl. She was returned to her mother after this sickness blind, paralyzed and mute. When she had regained her speech and sight and the use of her limbs, epilepsy developed.

At the end of her resources, and urged by her friends and family, the mother placed the child in an asylum for the insane, the only place that could be found. She had been accustomed to the best food, delicately prepared, and had never been made conscious of her affliction, never referred to as an epileptic or insane.

She was terrified at the actions and appearance of her fellow-patients, and deeply offended to be regarded as insane. The mother removed her after two weeks. It took a month in the country and the best care to bring her back to her normal physical condition, but the mother feels that she can never efface the remembrance of things she heard and saw and experienced in the asylum.

The mother is a woman of unusual intelligence, and holds an important public office in her community. She constituted herself nurse, and teacher, doctor even, and gave up the years of greatest activity of her life in order to be of service to her child.

She recently made a trip to Massachusetts to look into the care given epileptics in the colony in that state. As a result she is contemplating resigning her office and moving the family to Massachusetts to establish a residence there for the purpose of trying to get the daughter admitted. She says that this sorrow has aged her twenty years, and has been an incalculable loss to her in time and efficiency, and to the happiness of the family. The mother's only thought now is to make some suitable provision for her child, for the time is approaching when she will no longer be able to care for her.

## AN APPEAL FOR "A MINIMUM" DEGRADATION.

### *Tenth Senatorial District.*

"E.'s first spasm came when she was about 6 years of age, but she attended school until she was 12 years old, when it was necessary to take her out. Her family tried to care for her, but as she grew older she would wander away from home and go about on the streets. She became almost nightly the victim of many men. She would be found in a terrible condition of exhaustion and was taken three times to the police station, where in the morning she would be turned out to start over again in her wanderings.

This was about three years ago. At this time we had her taken to the women's ward in our county jail and a physician was called. She was found to be in a terrible condition. Besides her spasms of epilepsy she had syphilis, and the story she told us was too horrible to relate. The only thing we could do was to send her to our County Farm, where we had a trained nurse, and she was given as good care as was possible; a course of treatment was directed by the county physician. After remaining there nine months, very much improved, she returned home.

She remained in her home for six months or more, staying indoors quite closely, until a month before she was sent to Elgin Insane Hospital, which was June 25, 1912. During that last month it was impossible for her people to keep her from the streets; they were unable to control her, as she became dangerous. She lost all sense of morality, was in a most deplorable condition morally, physically and mentally.

The mother told me yesterday that at the time of their last visit to Elgin two weeks ago, the physician said the spasms were very frequent. She would fall many times during 24 hours.

Among her other experiences she gave birth to two illegitimate children."



Courtesy of State Charities Commission

Here is a six-year-old epileptic girl as she was treated of necessity at home. She is tied like an animal. The State Board of Charities secured her admission to the Lincoln School for Feeble Minded Children, as the state has no place for the epileptic. She is receiving both book and manual education and her seizures apparently have ceased under proper diet and other treatment.

## AN UNSOLVED FAMILY PROBLEM.

*Forty-first Senatorial District.*

Eleven years ago a German farmer, at the bedside of his thirteen-months-old baby boy, was trying to comprehend the words of the doctor who was telling him that if the baby lived he would be different from Hilda and Leo and the healthy brood of brothers and sisters, and realized that the doctor was asking if he had better save the baby's life.

Heinrich has been an expense from the first year of his life. Over one thousand dollars from the meager family purse have gone to find a cure. The father does teaming and truck gardening, and does his best to supply the things which his children need. This added drain makes severe inroads on what the others ought to have. Much of the money has gone for advertised remedies. The father has heeded every suggestion for fear that the one magic thing that would bring results might be overlooked.

Heinrich is an attractive little fellow, subnormal mentally, but with intelligence and capabilities. He is anxious to engage in various activities, and was fond of school and Sunday School. He still grieves because they have been denied, but tries to find things to take up his time around the house while brothers and sisters are in school. He avoids the neighbors' children for they have annoyed him in his seizures. When he feels the spells coming on he hurries to the barn.

The family have been told the boy must have certain kinds of food, but the father asks how he can possibly tell one child at the table month after month and year after year that he cannot have what the other children are given. The family must deny itself pleasure of all kinds because they cannot take the child into groups of people, as seizures always follow. The parents cry when they talk of the boy's future.

## EPILEPSY—A STATE-WIDE PROBLEM.

### *Eleventh Senatorial District.*

In the Eleventh Senatorial District a lad of nine has been several times refused admission to the public schools. There is a large family of children; the parents are poor. The family cannot give the boy proper care, and there is no place for him.

Another lad of eleven in the same district is sharing a like experience. He is on the streets, and beginning to wander away from home.

Still another lad of ten has wandered away a number of times and been picked up by the police. He has repeatedly been refused admission to school, and is falling among the worst elements on the street, and beginning to be a danger to himself and to the neighborhood.

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### *Twenty-third Senatorial District.*

One case on the docket in the Juvenile Court recently was a little girl from the Twenty-third Senatorial District. She had been deserted by her parents, and was brought into the Juvenile Court in extreme need. In the neighborhood where the child lived was a poor woman, also an epileptic, living in a room on the top floor of a tenement. She could barely eke out an existence because it was difficult for her to get employment. But she sympathized with the child and took her in. The case was brought to the Juvenile Court only when both were nearly starved.

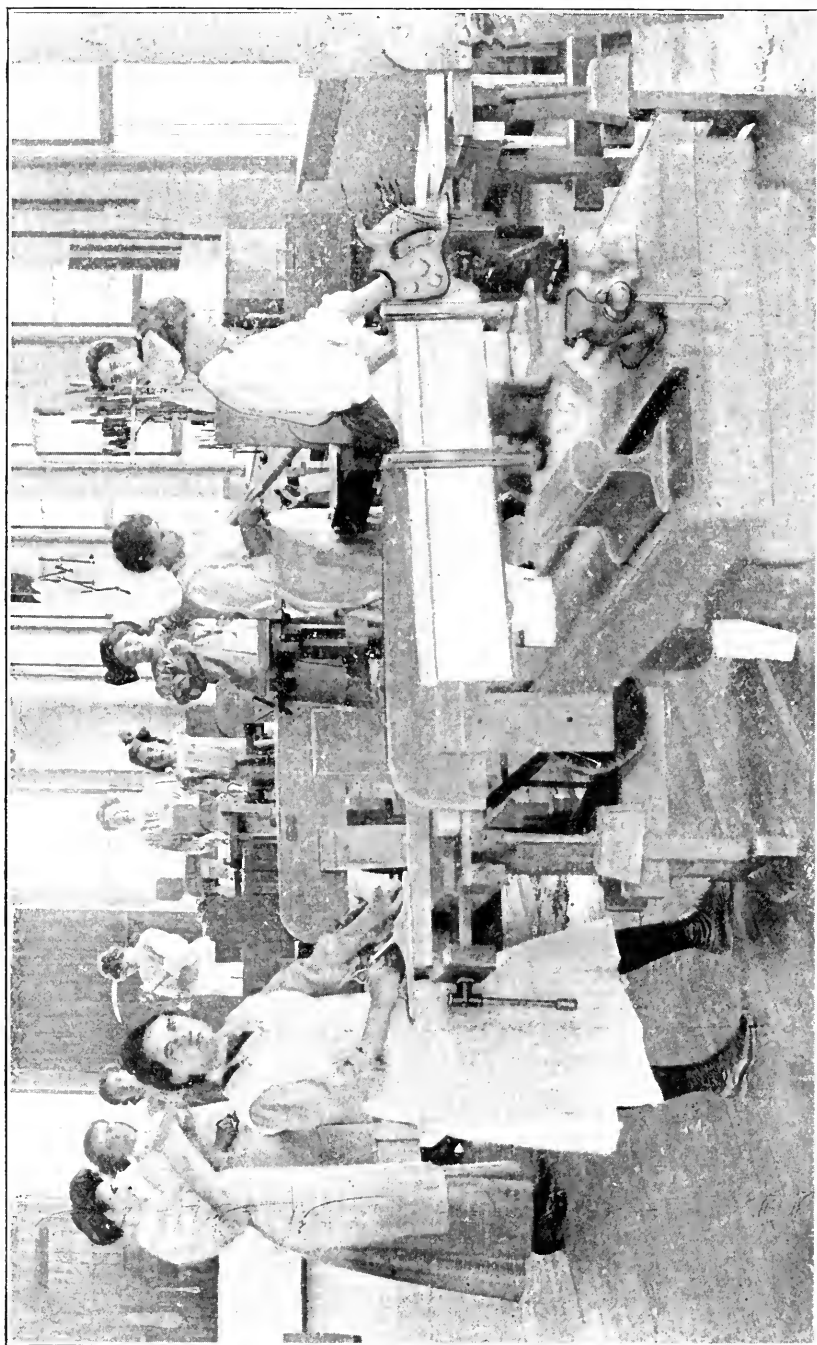
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### *Thirty-third Senatorial District.*

E. H. has been an epileptic all his life. The disease was mild at first, but nothing was done for him and he has steadily declined. He was the cause of much trouble in the town. Although desirous of working he has never been able to hold a steady job. Finally, at the age of twenty-five, he was sent to an insane asylum.

A. S., twenty-nine years of age, cannot get work, owing to the severity and frequency of attacks. He has injured himself a number of times in his seizures.

A. K., twenty-one years of age. Attacks began when he was sixteen. He is a laborer, but cannot hold a job, and is now entirely dependent upon a widowed sister who has five children.



At work in the Sloyd School, Craig Colony.

Courtesy of Dr. William T. Shanahan, Superintendent.



## PICKED UP ABOUT THE STATE.

In one of the institutions of the state is a high school teacher who came from the First Senatorial District. She is completely incapacitated from accepting any position.

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In the Sixteenth Senatorial District is a man of forty-five. He has been an epileptic practically all his life. He lives with an aged mother, upon whom he entirely depends. His life is entirely useless. If he were in a colony he could be useful most of the time.

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Among the problems in the Eighteenth Senatorial District is a young fellow of nineteen, without occupation. He had a public school education, and could be self-supporting if supervised.

Another lad of nineteen, untrained, without employment, was treated in a hospital for a number of years as a charity patient. He has been in the insane asylum. The family is poor, the stepfather is a laborer, and the mother takes in washing. They have been on the county books off and on. The boy is becoming brutal and vicious, and is a menace in the neighborhood. He is not insane, so cannot be provided for.

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A young man in the Twentieth Senatorial District suffered a fracture of the skull from the kick of a horse. There was no place in his county where he could be taken care of, and the judge asked permission to have him sent to an insane asylum for treatment.

Another case in the same district is that of a lad who had epilepsy from childhood. He could not be kept in school, and was hard to manage before his attacks came on. The parents were poor, and could not do much for him. One day he went swimming and in a seizure was drowned.

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In the Twenty-fourth Senatorial District in a university town is a child of thirteen. Has had no training; is losing memory. Family poor; mother illiterate. There are six chil-

dren under sixteen. One, a girl of five, is suspected of tuberculosis; the youngest child also thought to be developing epilepsy.

In the same district is a young man who lives with a widowed mother who has to take in washing for a living. He has been growing constantly worse, and his mother loses much of the work she could get because she has to stay at home. She does not know how she can earn a living much longer unless something can be done for her son.

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In the Thirty-second Senatorial District is a young fellow of twenty, thought to have developed epilepsy from the excessive heat. Can get no work, or go anywhere without a companion.

In the same district is a young fellow of twenty-three; has been an epileptic since his eighth year. He got some schooling, but was unable to get work. Is normal mentally, but very irritable and dangerous after his seizures. Though not insane he was sent to an asylum.

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In the Thirtieth Senatorial District is a German woman thirty-five years of age. She had brain fever when three years of age, and has had epilepsy ever since. With her aged parents she lives with a widowed sister who is really unable to care for her. The epileptic must be kept in doors all the time, and under constant supervision.

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In the Forty-seventh District a man of thirty has had seizures for about thirteen years. Attacks come irregularly, sometimes twice a day, sometimes he will go two or three weeks without seizures. Is getting worse, and is not able to take care of himself. Is without means of support and is a case for state care.

A child, age thirteen, has always been epileptic, and has had muscular paralysis. It is a case sadly needing care which cannot be given by the family.

A child of eight. Large physically, but mentally undeveloped; cannot go to school, and cannot be properly cared for by parents.

A boy of thirteen has been an epileptic for two or three years. The parents are poor. The affliction makes it impossible for the boy to go to school. His mind is now gradually weakening. However, he is not insane, and cannot be admitted to the asylum. He cannot be sent to the poor farm because his parents are able to keep him. He loafs around and is a burden on the community. His only way out is through death, or insanity, or if his parents should die it would be necessary for the community to send him somewhere.

An unmarried woman, now fifty, has been kept in the house by her parents for at least thirty years in a desire to keep her condition a secret. She is kept locked up, and is hardly ever allowed out on the porch. She suffers violent attacks, and the lack of intelligent treatment is accelerating her deterioration.

These are a few sample cases in the Forty-seventh Senatorial District. According to the one in five hundred estimate made by the experts the world over, the Forty-seventh has 213 cases of epilepsy, many of whom stand in the same need of care as indicated in these brief statements. The Forty-seventh Senatorial District comprises Madison and Bond counties.

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"The epileptic does not easily assimilate into our social system. His presence in school, in church, and public gatherings, in business and social life, is anomalous, horrifying to others, and humiliating to himself."

("First Biennial Report of the Ohio Hospital for Epileptics, etc., 1909, p. 28.)

# STATES IN WHICH THERE ARE EPILEPTIC COLONIES

Location and Date of Establishment	Valuation of Plant	PLANT				STAFF							
		No. of Acres		Equipment		No. of Buildings				No. of Employees			Average No. Patients per Attendant
		De-veloped	Unde-veloped	For Maintenance	For Industrial Purposes	For Patients	For Employees	For Administrative and Industrial Purposes	Average No. Patients Housed in Each Building	Physicians	Nurses and Attendants	Others	
<b>OHIO</b> Hospital for Epileptics, at Gallipolis. (Es-tablished 1890)	\$1,033,630.05	450	.....	Farm, Garden, Dairy, Lau-ndry, Green-houses, Bakery, Butcher Shop	School with circulating library; Kindergarten, Dressmaking, Plumbing, Steamfitting, Car-pentry, Shoe Repairing, Tinsmithing, Blacksmithing, Upholstery, Mattress mak-ing Painting, Printing	25	① 3	② 20	57.24	6	103	114	13.85
<b>NEW YORK</b> Craig Colony for Epileptics, Son-yea, New York. Founded in 1894	\$1,115,193.37	621	1268.86	Farm, Garden, Dairy, Lau-ndry, Bakery, Barber Shop, Butcher Shop	Blacksmithing, Carpentering, Pluming, Shoe Shop, Paint Shop, Printing Office, Mat-tress Shop, Brick Yard, Soap Plant, Dressmaking Shop, Tailor Shop, Sloyd School	40	25	35	35	10	105	127	13.15
<b>MASSACHUSETTS</b> Monson State Hospital Pal-mer, Mass. Opened in 1898	\$834,043.05	379	308	Farm, Green-houses, Lau-ndry, Bakery, Nurses' Train-ing School, Special Children's Colony	Stone Crusher, Sewing, Indus-trial room with Wood and Stone Carving, Printing, Tailoring, Chair-caning, Up-holstering, Repairing	16	4	2	51.35	7	120	109	6.85
<b>NEW JERSEY</b> State Village for Epileptics at Skillman. Established March, 1898	\$113,225.17 in personal property	③ 1,000	.....	Farm, Garden, Dairy, Laundry	Mending, Sewing, Blacksmith-ing, Printing, Shoemaking, Shoe Repairing	10	5	1	34.54	3	35	76	9.87
<b>KANSAS</b> State Hospital for Epileptics at Parsons (Es-tablished 1902)	.....	640	.....	Farm, Garden, Dairy, Laundry Engineering	School Sewing Room	12	④ 2	6	35.96	3	40	17	10.79
<b>TEXAS</b> State Epileptic Colony at Abilene (Estab-lished 1902)	.....	.....	.....	Farm, Garden, Dairy	Sewing Room	.....	.....	.....	.....	2	2+	3+	.....
<b>INDIANA</b> Village for Epileptics, New Castle. (Established March, 1905)	\$257,534.87	1,245	.....	Farm, Garden Dairy	Carpenter Shop	5	6	9	23.2	.....	.....	.....	.....
<b>VIRGINIA</b> State Epileptic Col-ony, Madison Heights (Estab-lished April, 1910)	.....	240	760	Farm, Garden, Laundry	Patients helped in construc-tion	2	1	3	47.25	2	9	22	10.5
<b>CONNECTICUT</b> Colony for Epi-leptics at Mans-field. (Estab-lished Sept., 1910)	\$17,680.00	220 acres arable and pas-ture land. Some woods	.....	Farm and Farm Buildings, Stock and Implements	.....	.....	.....	.....	.....	.....	.....	.....	.....

① Many of the employees have quarters in the same buildings as patients.

② The number of barn buildings have not been ascertained exactly.

③ The present acreage is not so large, but there is money available for the purchase of additional farm land bringing the total acreage over 1,000.

# Accruege, Equipment, Expense and Details of Management

Conditions Governing Admission of Patients	Methods of Admitting Patients	PATIENTS												EXPENDITURES							
		No. Patients Present at End of Year		Daily Average Popula- tion for Year	Ages at Onset of Epilepsy Patients Admitted During Year				No. Patients Employed in Institution		Cost to State During Year										
		Male			Female		Male		Female		For Maintenance		For Buildings, Land, etc.								
		15 or under Over 15	15 or under Over 15		Under 5 5 to 10 10 to 15 15 to 20 20 to 30 30 to 40 Over 40	Number Per Cent	Number Per Cent	Net Total	Net Per Cap.												
Only legal residents of Ohio; all classes of epileptics received	Application for admission must be made in the Probate Court	796	674	1,431	63	25	53	40	30	22	28	.....	.....	\$249,762.96	\$174.54	\$17,205.19					
Must be citizens of N. Y.; equal favor must be shown every county	Application through Supt. of the Poor or Comm'r of Charities. All admitted as indigents. Able patients must pay whole or part	315	446	217	442	1,381	12	78	45	51	39	30	12	11	557	73.2	370	56.1	\$234,224.02	\$169.59	\$25,495.52
All epileptic citizens in State eligible	Insane epileptics are admitted on Court commitment, application signed by two physicians and judge. "Dangerous" epileptics are admitted in the same way, a different blank being used. Sane epileptics are admitted on application by one physician and a justice; a judge's signature is not required	53	394	66	338	835	3452	149	19	16	13	20	326	72.93	360	89.11	\$176,396.50	211.1668	\$16,291.62		
Minimum age 5. Minimum term 1 year. Helpless or dangerous epileptics or those sick with contagious disease not admitted	Application to superintendent	52	136	47	125	345	36	23	11	12	4	3	1	157	83.51	122	70.93	\$111,843.11	\$324.18	.....	
Must be citizen of State. No low grade imbeciles and idiots	Sane epileptics admitted on voluntary commitment. Insane epileptics admitted on commitment by Probate Court	12	283	11	167	431	5	31	35	29	31	27	12	10	All patients are able to work part of time	who	\$79,714.80	\$184.73	\$18,792.57		
.....	.....	231	157	373	.....	.....	.....	.....	.....	.....	.....	.....	Most patients have work in departments of colony; try to put everybody to work	.....	.....	.....	\$62,385.83	\$167.25	\$2,321.89		
.....	.....	.....	.....	115	265	.....	.....	.....	.....	.....	.....	.....	70	60.3	.....	.....	\$30,768.51	\$266.937	\$18,718.23		
All patients admitted to the Colony so far have been obtained by transfer from State Asylums	.....	④ 4	106	.....	.....	94	5	25	9	23	27	13	5	2	⑥ 68	61.8	.....	.....	⑦ \$10,124.62	⑧ \$107.14	\$45,826.80
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

① There are quarters for some of the officers and employees in the administration building.  
 ② There are included here 10 patients who were released from Colony during course of the year.  
 ③ During September.  
 ④ For five months from May 1, 1911, to Sept. 30, 1911.

## Epilepsy and Children.

### A Plea for the Right Help at the Right Time.

One of the pathetic facts about the neglect of the epileptic is the prevalence of the disease among children and young people. That our state should neglect its wards and entirely ignore their needs at the time when it could most profitably help is cruelty to the victim and a loss to the state as well.

Of 949 patients admitted to the epileptic colonies of six states, Kansas, New York, New Jersey, Texas, Virginia and Massachusetts, during periods covering from one to two years, 734, or 77 per cent, had the first attack of epilepsy before they were twenty years old. 215, or 22 per cent, were over twenty.

In the Illinois State Hospitals for the Insane at Watertown and Kankakee, out of 152 cases reported as being in residence during 1911-12, 91, or 60 per cent, had the first attack of epilepsy before they were twenty years old. 61, or 40 per cent, were over twenty.

To show the great length of time which often intervened between the time of the first attack and the admission to hospital care, the state institutions for the insane of Illinois were asked to report the duration of the attacks at time of admission. Of 196 cases reported from the three institutions at Watertown, Kankakee and Jacksonville, 14, or 7 per cent, received treatment very soon after the onset of epilepsy. 73, or 37 per cent, waited from two to ten years before they were admitted to the hospitals, 45, or 23 per cent, from ten to twenty years, and 64, or 32 per cent, did not enter hospitals until more than twenty years after the onset of the disease. One man waited fifty-five years, another fifty-three, another fifty, and nine for forty years or over.

These people had to wait till loneliness, neglect, lack of employment, humiliation and disappointment had contributed to physical, mental and moral decline—before any door was open—and that the door of an insane asylum.



# Ten Thousand Epileptics in Illinois.

## The Problem by Senatorial Districts.

This figure is arrived at by applying to the population of Illinois the estimates of experts the world over, viz., that there is one epileptic in every three to five hundred of the population; we have taken the larger number, one in five hundred. This estimate is arrived at after intensive studies among large groups of people, and is accepted by the best authorities in practically every civilized country.

During the summer of 1912 a casual inquiry as to the prevalence of epilepsy was made in each senatorial district of this state. Social workers, teachers, physicians, superintendents of institutions, poor farms, officials of dispensaries and others were visited and all co-operated heartily. This very cursory study has made it seem that the estimate of one in five hundred is an under-statement of the real situation.

The stories set forth in this pamphlet indicate something of the struggles and hardships of the individual units in this great army. They are our neighbors. Their often tragic lives are lived in our very midst.

Dividing the population into senatorial districts, and taking as a basis of estimate the figures of experts, viz., one epileptic to 500 of the population, gives the distribution of these people as follows:

SENATORIAL DISTRICT.	NUMBER EPILEPTICS.	SENATORIAL DISTRICT.	NUMBER EPILEPTICS.
1	144	27	210
2	174	28	206
3	204	29	140
4	268	30	210
5	246	31	304
6	342	32	179
7	286	33	199
8	205	34	198
9	284	35	191
10	182	36	183
11	296	37	191
12	153	38	244
13	330	39	180
14	205	40	161
15	204	41	235
16	168	42	193
17	176	43	191
18	200	44	166
19	290	45	250
20	200	46	169
21	246	47	213
22	210	48	238
23	224	49	239
24	165	50	262
25	364	51	182
26	170		





# ILLINOIS SENATORIAL DISTRICTS.

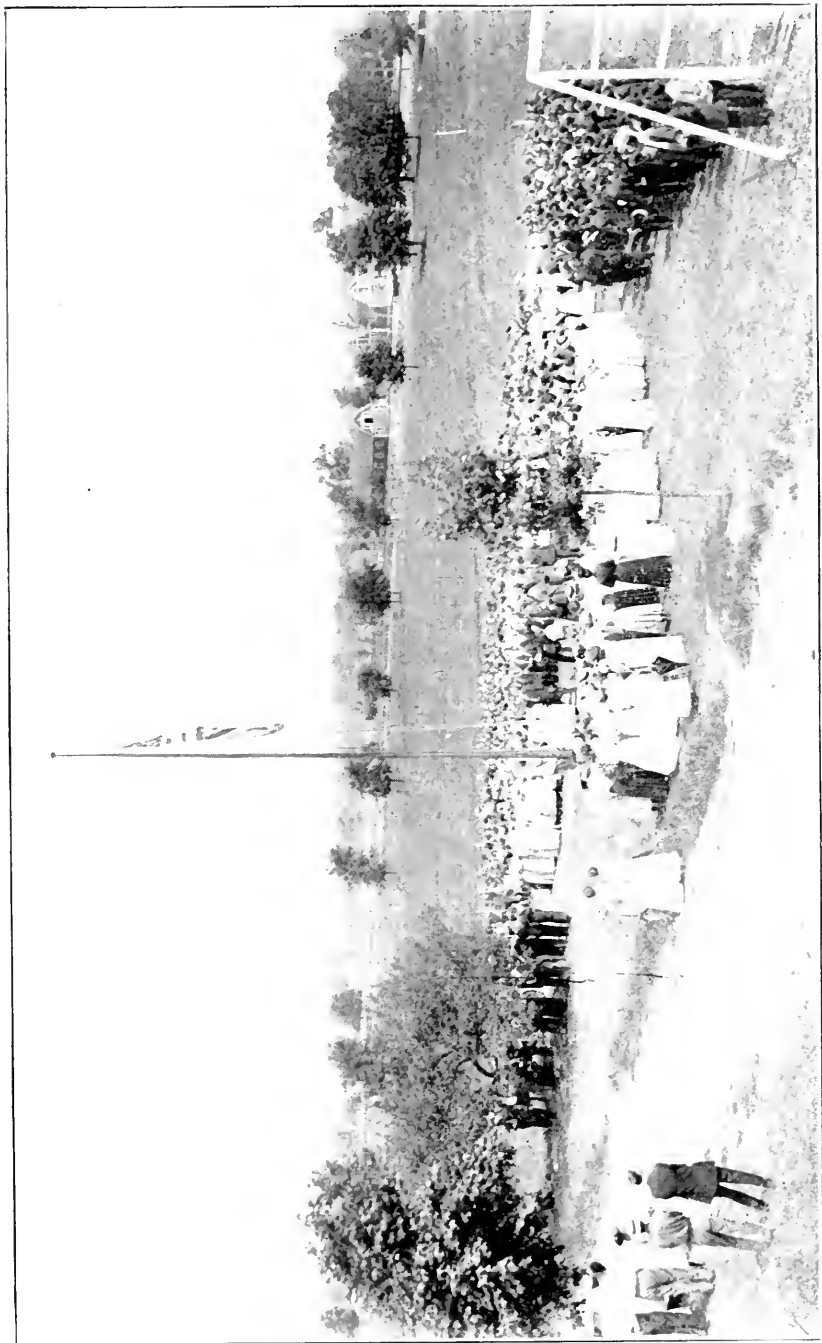
Established May 10, 1901.

## Dist.

1. First and 2d wards, Chicago.
2. That part of the 11th ward north of 16th street; that part of the 12th ward north of 16th street and east of California avenue, and the 20th ward, Chicago.
3. Third ward; that part of the 4th ward east of Halsted street; that part of the 5th ward bounded by Union avenue, 35th street, Parnell avenue and 33d street; that part of the 6th ward north of 43d street, Chicago.
4. Twenty-ninth and 30th wards and that part of the 31st ward north of 57th place and east of the Rock Island right of way, Chicago.
5. Sixth ward, except that part north of 43d street, and the 7th ward, except that part south of 63d street and east of Cottage Grove avenue, Chicago.
6. Twenty-fourth ward; that part of the 25th ward north of Devon avenue; that part of the 23d ward west of Halsted street, and the 6th ward, Chicago; also that part of the town of Evanston outside Chicago and those parts of the towns of New Trier and Niles within the city of Evanston, Cook county.
7. Towns of Thornton, Bloom, Rich, Bremen, Orland, Lemont, Palos, Worth, Lyons, Stickney, Proviso, Leyden, Elk Grove, Schaumburg, Hanover, Barrington, Palatine, Wheeling, Northfield; that part of Niles outside the city of Chicago and outside the city of Evanston; that part of New Trier outside the city of Evanston, and those parts of the towns of Norwood Park and Maine outside of Chicago, all in Cook county.
8. Lake, Henry and Boone counties.
9. That part of the 4th ward west of Halsted street; the 5th ward, except that part bounded by Union avenue, 35th street, Parnell avenue and 33d street; 16th street, California avenue, the C. & B. part north and west of 16th street, & Q. right of way, Clifton Park avenue, 24th street, Central Park avenue, to the Illinois and Michigan canal.
10. Ogle and Winnebago counties.
11. Thirty-first ward, except that part north of 57th place and east of the Rock Island right of way, and the 32d ward, Chicago.
12. Stephenson to Jo Daviess and Carroll counties.
13. That part of the 7th ward south of 63d street and east of Cottage Grove avenue; the 8th and 33d wards, Chicago, and that part of the town of Calumet outside of the city of Chicago.
14. Kane and Kendall counties.
15. Ninth ward, except that part north and west of 14th street, Johnson street and Maxwell street; 10th ward, except that part north and west of 16th street, Throop street, 14th street and Morgan street, and that part of the 11th ward south of 16th street, Chicago.
16. Marshall, Putnam, Livingston and Woodford counties.
17. That part of the 9th ward north and west of 14th street, Johnson street and Maxwell street; that part of the 10th ward north and west of 16th street, Throop street, 14th and Morgan street, and the 19th ward, Chicago.
18. Peoria county.
19. That part of the 12th ward north and west of California avenue, C. & B. & Q. right of way and Clifton Park avenue; 13th and 34th wards, Chicago; the towns of Cicero, Berwyn and Riverside, in Cook county.

## Dist.

20. Kaukahee, Grundy and Iroquois counties.
21. Fourteenth ward; that part of the 17th ward south of Augusta street, Holt street, Cornell street, Milwaukee avenue and Green street; that part of the 35th ward south of Chicago avenue, Park avenue and Lake street, Chicago.
22. Vermillion and Edgar counties.
23. Fifteenth ward; that part of the 16th ward bounded by North avenue, Robey street, Division street and Ashland avenue; that part of the 35th ward north of Chicago avenue west of Park avenue and north of Lake street, Chicago, and the town of Oak Park in Cook county.
24. Champaign, Piatt and Moultrie counties.
25. Twenty-seventh and 28th wards, Chicago.
26. McLean and Ford counties.
27. Sixteenth ward, except that part bounded by North avenue, Robey street, Division street and Ashland avenue; that part of the 17th ward bounded by Ashland avenue, Augusta street, Holt street, Cornell street, Kinzie street, river and Division street; 18th ward, Chicago.
28. Logan, DeWitt and Macon counties.
29. Twenty-first ward, except that part north of Goethe, State and Schiller streets; 22d ward, except that part west of Halsted street, and except that part north and west of Sedgwick, Sigel, Cleveland, Clybourn, Larrabee and Division, Chicago.
30. Tazewell, Mason, Menard, Cass, Brown and Schuyler counties.
31. That part of the 21st ward north of Goethe, State and Schiller streets; that part of the 22d ward west of Halsted street and that part of the 22d ward east of Halsted street and north of Division, Larrabee, Clybourn, Cleveland and Sigel; that part of the 23d ward east of Halsted street, and that part of the 25th ward south of Devon avenue, Chicago.
32. McDonough, Hancock and Warren counties.
33. Rock Island, Mercer and Henderson counties.
34. Douglas, Coles and Clark counties.
35. Whiteside, Lee and DeKalb counties.
36. Scott, Calhoun, Pike and Adams counties.
37. Henry, Bureau and Stark counties.
38. Greene, Montgomery, Jersey and Macoupin counties.
39. LaSalle county.
40. Christian, Shelby, Fayette and Cumberland counties.
41. DuPage and Will counties.
42. Clinton, Marion, Clay and Effingham counties.
43. Knox and Fulton counties.
44. Washington, Randolph, Perry, Monroe and Jackson counties.
45. Morgan and Sangamon counties.
46. Jefferson, Wayne, Richland and Jasper counties.
47. Madison and Bond counties.
48. Hardin, Gallatin, White, Edwards, Wabash, Lawrence and Crawford counties.
49. St. Clair county.
50. Franklin, Williamson, Union, Alexander and Pulaski counties.
51. Hamilton, Saline, Pope, Johnson and Massac counties.



Courtesy of Dr. William T. Shandahan, Superintendent of Craig Colony

A Fourth of July Celebration at Craig Colony, N. Y. Instead of loneliness, neglect, disappointment, drugging and despondency, epileptics are here given a community life of their own.

# Colony Care for Epileptics.

**The Approved Method Affords Employment, Association, Recreation—Enables Patients to Help Themselves and One Another.**

The failure of Illinois to make provision for her epileptic citizens is peculiarly regrettable because of the fact that these people yield so satisfactorily to colony care.

All authorities agree that there is something in their affliction which makes epileptics unusually sympathetic and helpful to one another. Common suffering gives them a language of experience which each can comprehend. They assist one another during seizures; there is no taunt or jeer, but a quick and ready understanding and exchange of courtesy and help.

Nine states have recognized their responsibility to this class of sufferers and have created colonies for their care. A chart showing date of establishment, the number of acres, scheme of management, and cost of these colonies, is given on pages 24 and 25 of this pamphlet.

## **VICISSITUDES OF THE UNCARED FOR EPILEPTIC.**

### **Unable to Attend School or Church.**

The very nature of epilepsy deprives its victim of school and church associations. It is shocking to others to be the involuntary witness of an epileptic seizure, and the unfortunate sufferer cannot help but realize the aversion which his condition produces. He is nearly always sensitive, and is loath to appear in public assemblages. His moral sense becomes blunted because of his inability to enjoy social intercourse, and he gives free vent to the irritability and the melancholia which are the natural accompaniments of his disease.

### **Unable to Get Work.**

The average epileptic because of his peculiar condition cannot well adjust himself to the life of an ordinary community. The convulsive seizure, the milder attacks with their disturbances of consciousness, and the more or less prolonged period of mental change, as a rule prevent an epileptic, even though of good or fairly normal mentality, from being able to hold a posi-

tion and securing employment. The danger of sudden seizures, with the likelihood of falling and of injury, and the spectacle of an epileptic in a fit, makes employers shun him.

Furthermore, he is often incapacitated for work during a period of time following a seizure. He cannot be depended upon to complete any undertaking. From the industrial standpoint he is incapable of giving satisfaction in a position of responsibility. Thus he finds difficulty in supporting himself, and is apt to become a charge on the public.

#### **Unable to Get Proper Care at Home.**

The family of an epileptic is seldom able to give him proper care. Lack of means, lack of understanding, or the foolish indulgence which cannot bear to deprive the afflicted member of any desire, however unreasonable, operate in a great majority of cases to render care at home unsatisfactory to both patient and family. Many cases are on record where family resources have been exhausted by patent cures which did more harm than good. Anxiety for the future of such a child often shortens the life of parents, and when father and mother are gone he is thrown upon the community.

#### **Dangerous to Himself.**

The epileptic is a constant source of danger to himself and to others. He is liable at any time to fall in convulsions, injuring himself by striking hot surfaces, or on sharp corners. The scars and bruises which cover the bodies of so many victims of this disease bear mute witness to the hardships and dangers in the path of the epileptic. Deaths from burning, drowning or other accidents are not infrequent.

#### **Dangerous to Others.**

The seizures lead to nervous irritability and great excitement, often to violence. Criminal instincts develop. Physically, an epileptic is strong, and his sexual instincts are often abnormally developed. He frequently becomes a menace to women and children.

Some of the stories in this pamphlet give an indication of the perils and indignities suffered by girl victims of this disease. Their seizures render them incapable of caring for themselves at times and the nervous and mental condition often breaks down their normal restraints.



NOT A POLICE STATION BUT AN EPILEPTIC  
COLONY NEEDED.

## **SOME CAN BE CURED; OTHERS RADICALLY HELPED.**

If our legislators realized that an improvement could be made in the condition of people afflicted with epilepsy, they might be readier to appropriate money for the amelioration of the disease. Physicians agree that there is an "improvable class." "Of this class," says Dr. Frank Billings, in an article read before the Illinois State Medical Society in 1909, "10 per cent or more can be cured by proper care." But even the great majority who are not classed as improvable can be greatly benefited, mentally and physically, by living under properly regulated conditions in an atmosphere of sympathy and understanding. "It has been found that in a colony, regular occupation, selected diet and the hygienic life result in a material improvement taking place in a large majority of the patients living in the colony. Mental deterioration is often stayed or seems to advance more slowly, the seizures diminish in frequency in a considerable number of patients and in two or three per cent stop entirely after a more or less prolonged residence in the colony," says Dr. William T. Shanahan, superintendent of the Craig Colony at Sonyea, New York.

## **OLD METHOD OF TREATMENT: OPIATES, INSTITUTION CARE.**

Sedatives and opiates were formerly used extensively in the treatment of epilepsy. They resulted in dulling the mental faculties of the people to whom they were given, leaving the unfortunates out of pocket, and in worse physical condition. Medical treatment of epilepsy is at the best uncertain and unpromising, according to Dr. Frederick Peterson. A large public hospital is very far from meeting the requirements of an epileptic patient. Asylums should receive very few, and almshouses none at all. What is demanded is an institution on the community or village plan where medical treatment may be given to every member, and where every sort of education, employment and social privilege commensurate to his needs and conditions may be extended to any beneficiary.

## **THE NEW METHOD—THE COLONY PLAN.**

This is apparently the most approved plan for the betterment of the condition of epileptics. Victims of the disease are placed in colonies on a large tract of land, usually about one acre of land to each epileptic. This gives opportunity for farming, gardening, out of door occupations which can be carried on in the intervals when patients are able to do physical work. Dr. Everett Flood of Massachusetts says of the colony plan:

"Where a few years ago the epileptic was stupefied with sedatives and made to live a living death, under colony regime sedatives are used as little as possible, and an effort is made to find the best treatment in each case. Strangely enough the same agents which are beneficial in combatting tuberculosis are of the greatest benefit in these cases. Work in the fresh air and good, wholesome and carefully chosen foods are more essential than medicine. Colonies with large farms provide these to advantage, and are thoroughly proved to be the most satisfactory method of treatment in caring for this disease."

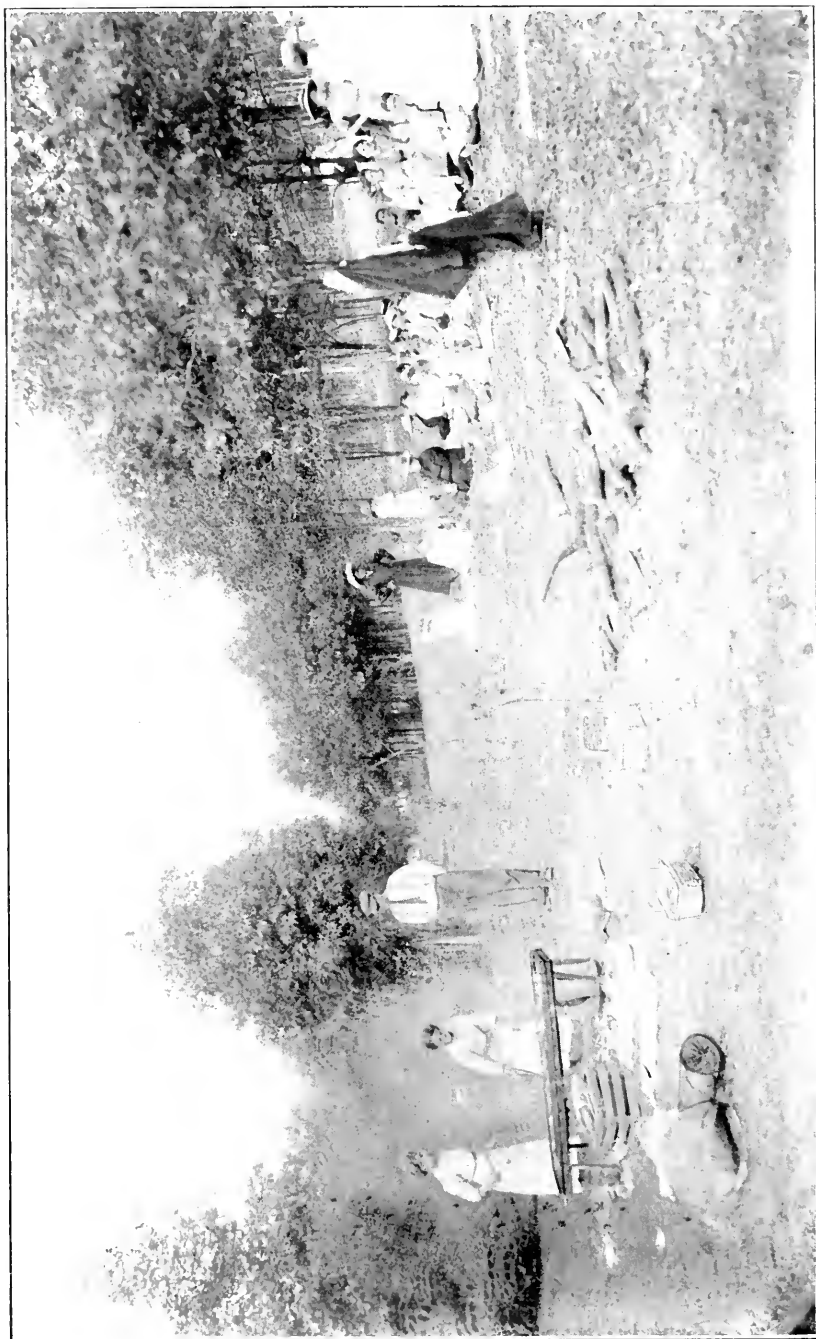
## **ADVANTAGES OF COLONY FOR CHILDREN.**

The early age at which epilepsy often manifests itself makes it especially desirable that children have a place where they may receive the kind restraint which they need, combined with the freedom of an out-door life. Instead of being barred from school, they are given an education by teachers who understand the peculiar disadvantages under which they study. They are taught a trade which renders them in a measure self-supporting and at all times affords them the joy of work.

## **COLONY SCHEME NOT AN EXPERIMENT.**

The first colony for epileptics was the Bethel Colony, established in 1867 at Bielefeld, Germany. This began with a small farm and one house, with provision for four epileptics. The work in Germany has continued until they now have fifty institutions with special provisions for epileptics. Switzerland has three, Holland two, England nine, Australia one. In this country Massachusetts, Ohio, New York, New Jersey, Kansas, Connecticut, Texas, Indiana and Virginia have colonies for epileptics, and Michigan and Minnesota have provided some form of institutional care.





Courtesy of Dr. William T. Shamahan, Superintendent of Craig Colony

Corn Roast enjoyed by patients, Craig Colony, N. Y.

## NATURE OF THE WORK OF A COLONY.

Dr. Frederick Peterson, describing a visit to the Bethel Colony in 1886, says:

"The employments are numerous and varied. The school provides instruction for some hundred pupils of both sexes where all branches are taught. The dairy farm and garden occupy the attention of the greatest number of patients, especially as a large trade in vegetables and flower seeds is carried on by the colony. Among the shops of epileptic workmen were those of cabinet makers, painters, varnishers, printers, book binders, blacksmiths, foundrymen, tailors and shoemakers, and among the stores were groceries, pharmacy, book store and seed store. The carpenters aided in building and furnishing the houses; the plans and drawings of new buildings were made in the architect's room. For men alone there were over thirty different callings."

It is readily seen that in an epileptic colony special provision can be made for utilizing the work which can be done in the intervals between seizures. In this way the fullest returns can be secured from the labor of the patients. In the Craig Colony at Sonyea, New York, the average earning of an epileptic is \$35 a year. The improvable patient is normal about 95 per cent of the time, but his strength is not sufficient to enable him to accomplish as much as the normal man. The mental influence upon him, however, of being able to contribute even a little to his own support is extremely beneficial.

This was true when Dr. Peterson wrote his impressions in 1886. With each test of the colony plan since then the principles underlying its operation have given added proof of their soundness and efficiency. This point cannot be emphasized too often. The nine existing colonies in our country have proven themselves so humane and effective that their respective communities are distinctly proud in their possession. Citizens of these states are conscious of a certain superiority for the progressiveness and humanity which led to the establishment and maintenance of these splendid institutions. They are visited by many people, and there is a distinct added reputation to each state which extends its protecting care in this way to the afflicted people within its borders.

## THE SELECTION OF LOCATION IMPORTANT.

For these state colonies great care must be used in the selection of a site. A description of the Sonyea Colony in New York gives excellent ideas as to the qualifications to be secured.

"The land is beautifully situated in the Genesee Valley near the town of Mt. Morris, in one of the finest regions of the state. It is ideally located to serve the wants of a model colony for epileptics. It is traversed by two streams, one of which, the Cashauqua Creek, flows through the middle of the land and has a deep gorge with a fall of one hundred feet. The gorge and creek are of immense advantage for the complete separation of the sexes in building colony life. The supply of water is abundant, and the conditions of sewerage are adequate in every respect. The Western New York and Pennsylvania Railway runs through the land, and two big trunk lines, the Erie Railway and the Delaware and Lackawanna Railroad, are within a mile of the proposed colony. The soil is exceedingly fertile and well adapted for all manner of agriculture and horticulture and the production of berries and fruits for canning industries, and the raising of garden products and seeds of all kinds. There is some stone and brick and clay which will prove useful in the development of a certain class of outdoor employment."

### Needs in Illinois.

In planning a colony for Illinois it is estimated that provision should be made for 2,000 or 2,500. An acre per patient seems to have proven to be about the right amount of land. This would mean that our state should aim to secure something like 2,000 acres. Cheap land, rolling, partly wooded if possible, unimproved, answers the purpose admirably. The labor of patients can be utilized in clearing and improving the land, as was done so successfully in the state of Massachusetts. A region that was practically valueless has been transformed into an ideal spot for the purpose, largely through the efforts of the patients themselves. This gives the advantage of cheap land in the beginning, and affords interesting and useful activity for the patients out in the open.

Attention should be given to the water supply, and it is said that a clay yielding soil is of advantage in affording building material, in the preparation of which the labor of patients can also be used. The raising of flowers and garden stuffs is likewise an occupation especially adaptable to this class of people.

When it is remembered that living and working out of doors has done more for the cure and improvement of epileptics than anything else discovered by medical science, the importance of giving our epileptics in Illinois a great deal of land, and a chance for life out in the open, is apparent. This is a vital thing, and not that expensive or imposing buildings should be built.

### **PREVIOUS ATTEMPTS TO SECURE A COLONY FOR ILLINOIS.**

The great need for a colony for epileptics in this state has been keenly felt by the victims themselves—by their friends, by physicians and laymen alike. This has resulted in many activities and a great deal of work. On April 19, 1899, Governor Tanner approved the bill of the Forty-first General Assembly, authorizing the establishment of the Illinois State Colony for Epileptics. No appropriation has ever been made to carry it into effect. The house of the Forty-third General Assembly passed a bill appropriating \$100,000 for an institution, but the Senate failed to concur.

It was expected that the Forty-fifth General Assembly, 1907, would appropriate \$265,000 for the colony, but neither this assembly nor the Forty-sixth, 1909, which was asked for \$110,000, made an appropriation.

This is a brief story of the attitude of our Legislature. In the controversy about details, and because the legislators of these intervening years have found other things more interesting and more important, the needs of this army of ten thousand unfortunate people have been neglected. Will the citizens of Illinois longer acquiesce in this injustice and neglect?

REPORT OF THE COMMITTEE OF THE ILLINOIS  
STATE CONFERENCE OF CHARITIES AND COR-  
RECTIONS ON THE CARE OF EPILEP-  
TICS, OCTOBER, 1912.

We, at least, are all aware of the existence, without financial support, of a "State Colony for Epileptics" in this state. We also are extremely desirous that this stigma shall not rest longer upon our state, and to this end we wish to suggest as follows:

First—The drafting of an entirely new bill to supplant the bill passed by the Legislature on April 19, 1899, and drafted to meet present conditions.

Second—We advise the purchase by the state of sufficient land to admit of the final acceptance of 2,000 unfortunates, for we believe the beneficent result of such care, training and instruction as contemplated will, within a few years, be extended over at least this number.

Third—We are of the opinion that members of this class can largely be employed with great benefit to themselves and economy to the state in construction of building and development of land, and that the final per capita cost will be less than that represented by the care of any other class of public wards.

Fourth—We believe such a colony should be industrial rather than custodial, educators in horticulture and agricultural schoolwork, manual training, domestic science and work—in fact, an intelligent outlet for the energies of a class, many of whom are practically normal from 5 to 95 per cent of their time, yet all of whom are "persona non grata" in every branch of normal life and endeavor.

Fifth—We believe the purely custodial epileptics can be cared for with the existing machinery of various selected state hospitals, with both economy and benefit, especially at the Lincoln State School with its 900 acres.

Sixth—We are quite in sympathy with the Massachusetts plan adopted twelve years ago at Templeton Colony, Massachusetts, where 3,000 acres of raw land were purchased for a surprisingly small sum, about \$6.00 per acre, and which has become immensely valuable under the constructive policy of Dr.

Fernald, who has utilized the waste energies of several hundred boys for years, making a desert blossom as the rose. The similarity of our state's requirements is such that we advise a similar action which will afford congenial, constructive and practical work for all classes of epileptics, if intelligently planned and intelligently manned.

Seventh—We cannot leave the subject without heartily endorsing intelligent preventive measures such as appeared in the Beall bill of the last session of the Legislature, requiring satisfactory evidence of fitness for marriage and preventing by law the marriage of epileptics. We do not believe a confirmed epileptic mother ever bore a normal child, nor do we believe a feeble-minded mother ever bore a normal child—though exception is taken to this statement by one of our members and this exception may hinge on definition and private experience rather than on the fact of established epilepsy as regards institutional experience.

We earnestly request every member of this conference to make a personal matter of the above requirements with their Senators and Representatives, and that a copy of this report be sent to every Senator and Representative, every woman's club, medical society and anybody, social or otherwise, interested in social uplift in this state.

DR. W. H. C. SMITH,  
DR. H. G. HARDT,  
DR. HUGH T. PATRICK,  
DR. FRANK BILLINGS,  
DR. E. W. FIEGENBAUM,  
DR. CARL BLACK.

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# A Program for the Campaign.

## What You Can Do, and How.

1. There are fifty-one senatorial districts in this state. Each has a senator and three representatives.

2. For boundaries of your senatorial district see page 30. of this pamphlet.

3. For names and addresses of your senator and representatives see slip enclosed.

4. For estimated number of epileptics in your senatorial district see page 28.

5. Doctors, social workers, ministers, superintendents, interested citizens—acquaint yourselves with the circumstances of every epileptic in your senatorial district who needs public care.

6. Visit, telephone or write your senator and representatives. They will be glad to co-operate if you give them the facts.

7. Give the names and addresses of your senator and representatives to friends or relatives of epileptics who are not receiving proper care. Ask them to write or call on their representatives.

8. Get ministers to preach, women's clubs and clubs and societies generally to discuss the need for an epileptic colony in Illinois.

9. Give items about the subject to your local papers.

10. Consult your library for books and pamphlets referred to in the Bibliography on pages 43 to 45, and for other material.

11. Get in touch with your County Medical Society.

12. Write to Mr. A. L. Bowen, Secretary of the State Charities Commission, and to the State Board of Administration, Springfield, Ill., for information, suggestion, and speakers.

For additional copies of this pamphlet, free on application, for copies of the Bill now in preparation, for other material on this subject, address Sherman C. Kingsley, Secretary of this Committee, 315 Plymouth Court, Chicago, Ill.

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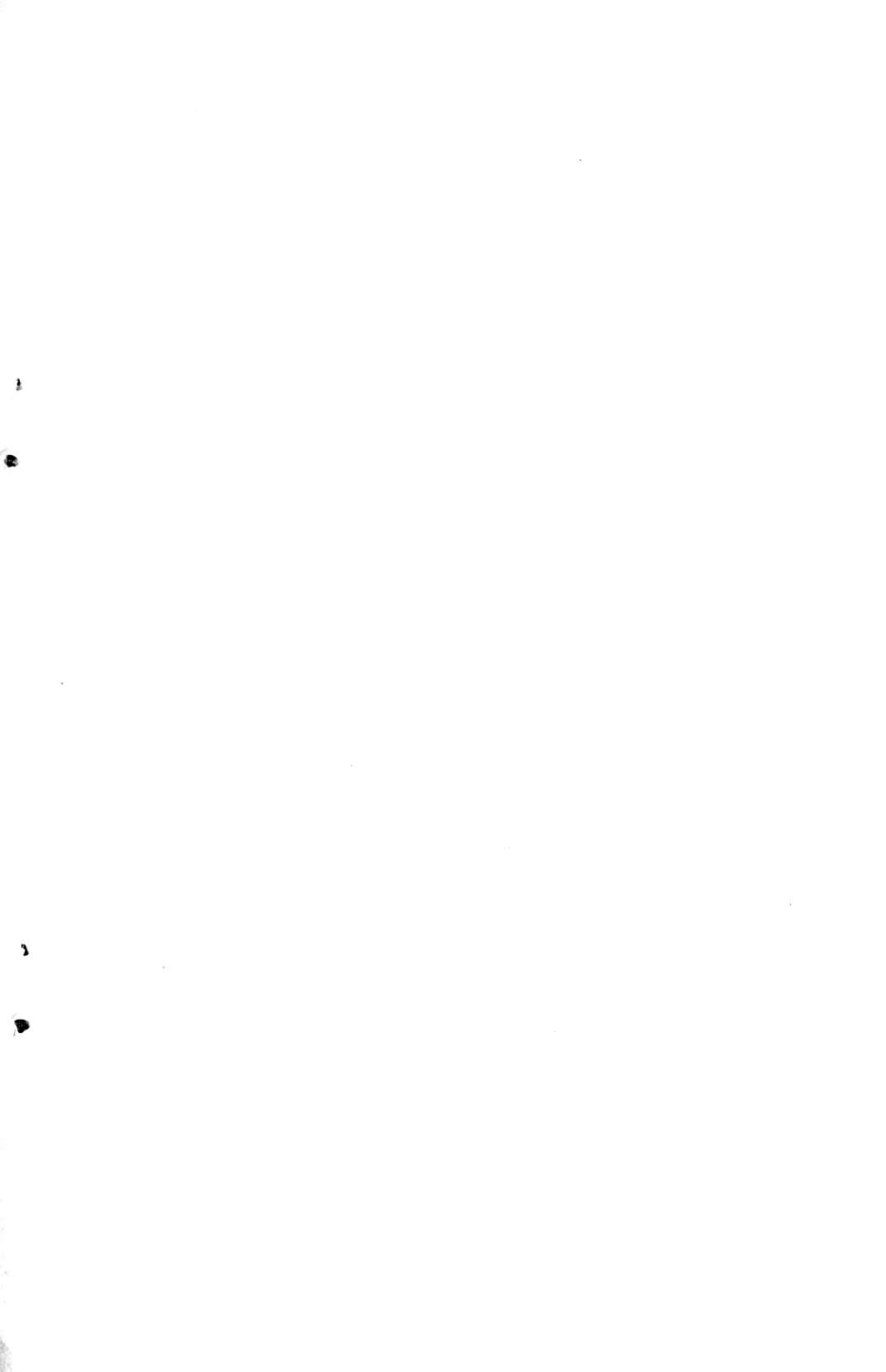
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